



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 5/27/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient left shoulder total reverse arthroplasty.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed MD Board Certified Orthopedic Surgeon.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The xx-year-old was noted to have been injured in xx/xx/xx. Reportedly, the provider's patient had been picking up a loaded pipe. At the same time, some other pipes reportedly rolled over and struck his left shoulder. He was treated for a diagnosis that included rotator cuff sprain. Medications were utilized as part of the treatment. He was noted to have a prior history of a rotator cuff repair.

The left shoulder MRI from 02/13/2015 was noted to have been read as supraspinatus tendinosis with a full-thickness torn rotator cuff and a complex labral tear along with AC arthropathy, moderate.

The clinical notes reviewed, discussed the persisting left shoulder pain and tenderness with positive impingement sign in a neurologically impact individual. It was noted that range of motion including abduction and/or flexion was up to approximately 30 degrees. The strength of the deltoid was noted to be 5/5. The consideration was for surgical intervention. It was as requested. The denial letters had been noted to reflect a failure of evidence being provided that of severe functional deficit including that the claimant was working light duty. Intractable pain was also not noted to have been delineated in detail.

The lack of recent comprehensive combination of medications, injections, and/or physical therapy for at least 6 months was not noted to have been evidenced. The records were overall reviewed in detail noting a period of an off-work status along with the global imaging MRI report, the latter from 02/13/2015.



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ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The claimant has not been documented to have severe intractable shoulder pain resistant to a recent and comprehensive reasonable non-operative treatment protocol. Guidelines for such a request of the left shoulder reverse arthroplasty would typically support such a procedure indicates of failed, comprehensive, and reasonable non-operative treatments in an individual with a severe rotator cuff tear that is irreparable and associated with relatively severe degenerative condition of the glenohumeral joint. The above criteria have not been met and therefore, as per the applicable ODG guidelines for arthroplasty, the request overall is not reasonable or medically necessary at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)